PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specificing a propriate defense and publication as propriate. The propriate is a propriate defense and publication as propriate defense and publication as propriate defense and publication as propriate.

CURRENT CORRESPONDENCE ADDRESS (due to the fleet in few younger elements) Type Darby & Darby & Darby Borton Darby	or he						
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/890,006 10/25/2001 Bruce H. Morimoto 5412/IE887US2 4547 TITLE OF INVENTION: PHOSPHOCHOLINE LINKED PRODRUG DERIVATIVES 04/11/2006 MRMMED2 00000060 09890006 01 FC:2501 700.00 APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(s) DUE DATE DUE nonprovisional YES \$700 \$0 \$700 05/15/2006 EXAMINER ART UNIT CLASS-SUBCLASS ISHORE, GOLLAMUDI S 1615 424-450000 I. Change of correspondence address or indication of "Fee Address" indication of	ed be le						
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/890,006 10/25/2001 Bruce H. Morimoto 5412/1E887US2 4547 TITLE OF INVENTION: PHOSPHOCHOLINE LINKED PRODRUG DERIVATIVES 04/11/2006 MRHMED2 00000060 09890006 (01 FC:2501 700.0) APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$0 \$700 05/15/2006 EXAMINER ART UNIT CLASS-SUBCLASS KISHORE, GOLLAMUDI S 1615 424-450000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. "Change of correspondence address or indication form PTO/SB/122 attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/123) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/123) attached. "Change of correspondence address or indication form PTO/SB/123 attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/123) attached. "See Address" indication for "Fee Address" indication form PTO/SB/123 attached. "See Address" indication for "Fee Address" indication form PTO/SB/123 attached. "See Address indication of "Fee Address" indication form PTO/SB/123 attached. "See Address indication of "Fee Address" indication form PTO/SO/SB/123 attached. "See Address indication of "Fee Address" indication form PTO/SO/SB/123 attached. "See Address indication of the Fee Address of the Address of	┥						
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/890,006 10/25/2001 Bruce H. Morimoto 5412/1E887US2 4547 TITLE OF INVENTION: PHOSPHOCHOLINE LINKED PRODRUG DERIVATIVES) 04/11/2006 MRHMED2 00000060 09890006 101 FC:2501 700.00 APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$0 \$700 05/15/2006 EXAMINER ART UNIT CLASS-SUBCLASS KISHORE, GOLLAMUDI S 1615 424-450000 1. Change of correspondence address or indication of "Fee Address" and address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. 1. Change of correspondence address (or Change of Correspondence Addres	H						
TITLE OF INVENTION: PHOSPHOCHOLINE LINKED PRODRUG DERIVATIVES 04/11/2006 MAMEDID 00000060 098900006 01 FC:2501 7000.00	ר ר						
TITLE OF INVENTION: PHOSPHOCHOLINE LINKED PRODRUG DERIVATIVES 04/11/2006 MAMEDID 00000060 098900006 01 FC:2501 7000.00	ل						
APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$0 \$700 05/15/2006 EXAMINER ART UNIT CLASS-SUBCLASS KISHORE, GOLLAMUDI S 1615 424-450000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/127) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec. 10/25/01 R/F: 012479/025 PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE By RESIDENCE: (CITY and STATE OR COUNTRY) Supergen, Inc. Dublin, California Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): XX Issue Fee Publication Fee (No small entity discount permitted) Advance Order: # of Copies							
Some provisional YES \$700 \$0 \$700 \$700 \$700 \$700 \$700 \$700 \$700 \$700 \$700 \$700 \$700 \$700 \$705 \$700	OP						
EXAMINER ART UNIT CLASS-SUBCLASS]						
KISHORE, GOLLAMUDI S 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec. 10/25/01 R/F: 012479/025 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Supergen, Inc. Dublin, California Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Storporation or other private group entity Government of Fee(s): XX Issue Fee 4b. Payment of Fee(s): XX A check in the amount of the fee(s) is enclosed: 700.00 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to	_						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Rec Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Rec Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Rec Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Rec Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Rec Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Rec Address in the names of up to 3 registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is listed, no name will be printed. Rec Address in the names of up to 3 registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is listed, no name will be printed. Rec Address in the names of up to 3 registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorneys or agents. If no name is registered patent attorne							
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form pTO/SB/122) attached. (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 2							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XXCorporation or other private group entity Government of Fee(s): 4a. The following fee(s) are enclosed: XXI Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 4b. Payment of Fee(s): XXI A check in the amount of the fee(s) is enclosed: 700.00 XXI Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to	respondence address (or Change of Correspondence D/SB/122) attached. indication (or "Fee Address" Indication form 13-02 or more recent) attached. Use of a Customer red. E AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
4a. The following fee(s) are enclosed: X ★ Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 4b. Payment of Fee(s): X ★ A check in the amount of the fee(s) is enclosed \$700.00 X ★ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to							
XXI Issue Fee XXI A check in the amount of the fee(s) is enclosed. 700 • 00 YXI Publication Fee (No small entity discount permitted) Advance Order - # of Copies XXI A check in the amount of the fee(s) is enclosed. 700 • 00 XXI Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to	t —						
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	-						
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.	- n						
Authorized Signature Howard M Frankfort Date 4/6/06	_						
Typed or printed name Howard M. Frankfort, Ph.D. Registration No. 32,613							
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proces an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, an submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complet this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.C. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.) d e e),						